STANDARD CERTIFICATE OF DEATH State F	F 34405	
Registration District No. 4 Primary Registration District No. 4 Registration District	STANDARD CERTIFICATE OF DEATH State File No.	
(a) County Cash (b) City or town Bullon Mo! (c) Name of hospital or institution: (d) Length of stay: In hospital or institution (If rursl, give months or days) (e) If lotted action (If rursl, give months or days) (f) If veteran, name war (e) If oreign born, how long in U. S. A.? MEDICAL CERTIFICAT (f) If oreign born, how long in U. S. A.? MEDICAL CERTIFICAT (e) If foreign born, how long in U. S. A.? MEDICAL CERTIFICAT (f) State Massauri (b) County (if outside city or town in (if outside ci	Registration District No. 4098 Registrar's No. 179	
(d) City or town (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: (d) Length of stay: In hospital or institution (d) Length of stay: In hospital or institution (specify whether years, months or days) (e) If foreign born, how long in U. S. A.? MEDICAL CERTIFICAT (if rural, given years, months or days) (b) County (c) City or town (if outside city or town limits, write stress number or location) (d) Street No. (if rural, given years, months or days) (e) If foreign born, how long in U. S. A.? MEDICAL CERTIFICAT MEDICAL CERTIFICAT (a) Street No. (b) DATE OF DEATH: Month Or The year 1943 hour 9 21. I hereby certify that I attended the deceased of that I last saw has alive on and that death occurred on the date and hour state of the stress of death. (b) Name of hospital or institution: (c) City or town (d) Street No. (d) Street No. (if rural, given years, months or days) (e) If foreign born, how long in U. S. A.? MEDICAL CERTIFICAT 20. DATE OF DEATH: Month Or The year 1943 hour 9 21. I hereby certify that I attended the deceased state of the state of death occurred on the date and hour state of the state of death occurred on the date and hour state of death occurred on the date and hour state of death occurred on the date and hour state of death occurred on the date and hour state of death occurred on the date and hour state of death occurred on the date and hour state of death occurred on the date and hour state of death occurred on the date and hour state of death occurred on the date and hour state of death occurred on the date and hour state of death occurred on the date and hour state of death occurred on the date and hour state of death occurred on the date and hour state of death occurred on the date and hour state of death occurred on the date and hour state of death occurred on the date of deceased death occurred on the date of deceased deceased death occurred on the date of deceased deceased deceased deceased deceased decease	19	
(If not in hospital or institution. (d) Length of stay: In hospital or institution. (Especify whether In this community	Cass o	
(If not in hospital or institution. (d) Length of stay: In hospital or institution. (Especify whether In this community	20: 0	
(d) Length of stay: In hospital or institution In this community years, months or days) 8. (a) PRINT FULL NAME Cathoriae 3. (c) Social Security No. 10. If receive that I attended the deceased is and that I last saw him alive on that I last saw him alive on that I last saw him alive on and that death occurred on the date and hour state I mediate cause of death. (d) Street No. (d) Street No. (lif rural, give (e) If foreign born, how long in U. S. A.? MEDICAL CERTIFICATOR 20. DATE OF DEATH, Month Year 1943 hour 21. I hereby certify that I attended the deceased is and that I last saw him alive on that I last saw him alive on and that death occurred on the date and hour state 11. I hereby certify that I attended the deceased is and that death occurred on the date and hour state 12. I hereby certify that I attended the deceased is and that death occurred on the date and hour state 13. (a) PRINT FULL NAME 4. Sex Samall 5. (Color or) 6. (a) Single, widowed, married. 14. Sex Samall 7. Birth date of deceased Samal 15. (b) Name of husband or wife 16. (c) Age of husband or wife if 17. Birth date of deceased Samal 18. (d) Street No. (if rural, give (e) If foreign born, how long in U. S. A.? 20. DATE OF DEATH, Month 21. I hereby certify that I attended the deceased is and that death occurred on the date and hour state 22. I hereby certify that I attended the deceased is and that death occurred on the date and hour state 23. (a) PRINT 24. Sex Samall 25. (b) Name of husband or wife 26. (a) Age of husband or wife if 27. Birth date of deceased Samal	nite write "RURAL")	
In this community of years months or days) 8. (a) PRINT FULL NAME Catharine Take Construct No. 1. Sex Sexuall 1. Sex Sexuall 2. Trace Which 3. (c) Single, widowed, married. 2. Age of husband or wife if years 2. Age of husband or wife if alive years 3. (d) Age of husband or wife if alive years 3. (e) If foreign born, how long in U. S. A.? 1. MEDICAL CERTIFICAT MEDICAL CERTIFICAT 2. DATE OF DEATH, Month October 1. Age of Death in Month October 1. Age of husband or wife if and that I last eaw has alive on and that death occurred on the date and hour state in Manual Carry 3. (e) If foreign born, how long in U. S. A.? 1. Death of the community years 2. DATE OF DEATH, Month October 1. Age of Death in Month October	location)	
8. (a) PRINT Catharine Tale Corey 8. (b) If veteran, name war. No. No. 21. I hereby certify that I attended the deceased of the state of husband or wife if Army Carry 7. Birth date of deceased Target 27. 1865	O years,	
8. (b) If veteran, name war. No. No. 21. I hereby certify that I attended the deceased of the last race. Which I alive on the date and hour state. 8. (b) Name of husband or wife 9. (c) Single, widowed, married. 21. I hereby certify that I attended the deceased of that I last raw has alive on that I last raw has alive on the date and hour state. 8. (b) Name of husband or wife 9. (c) Age of husband or wife if alive years 9. (d) Age of husband or wife if alive years 10. (e) Social Security 11. I hereby certify that I attended the deceased that I last raw has alive on the date and hour state. 12. I hereby certify that I attended the deceased that I last raw has alive on the date and hour state. 13. (c) Social Security 14. Sex Standal race. I hour gray hour gra		
name war	Lday 1/th	
5. Color or 2 4. Sex Sexual race While 5. (a) Single, widowed, married. 2 divorced Washouse 6. (b) Name of husband or wife 6. (c) Age of husband or wife if Harus Carry 7. Birth date of deceased Sexual 3. 1943 to	minute 15 W.	
4. Sex Sexuall recellified 2 divorced fractions that I last raw has alive on Oct 8 and that death occurred on the date and hour state Harrier Corry alive years Immediate cause of death 7. Birth date of deceased Years 37 1865	at 11th 143	
Harusy Carry alive years Immediate cause of death.	11/43	
7. Birth date of deceased of the 27 1865	d above.	
	7	
The way of the second	lare when	
8. AGE: 8 Vears Months Days If less than one day Due to. (Mitadle) Hea	marane y	
hrmin. Due to		
9. Birthplace (City, town, or county) (State or fereign county)		
10. Usual occupation Sause Work (include pregnancy within 3 months of death)		
11. Industry or business. Major findings:	PHYSICIAN	
12. Name Welliage Miltury G Of operations.	Underline the cause to	
(City, town, or county) (State or fereign country) (14. Malden name Wary John John Of autopsy.	which death should be charged sta-	
5 15. Birthplace unknown Ohio	tistically.	
(City, town, or country) (State or foreign country) (G) Accident, suicide, or homicide (specify)		
(b) Address Belting 215' (b) Date of occurrence		
17. (a) Burnal (b) Date thereof Oct. 13-1913 (c) Where did injury occur? (City or town) (County) (State) (Burlal, cremation, or removal) (b) Date thereof Oct. 13-1913 (d) Did injury occur in or about home, on farm, in industrial place, in public place?		
(c) Place: burial or cremation (Specify type of charge)		
18. (a) Signature of funeral director While at work? (b) Means of injury (c) Means of injury		
19. (a) /0-/3-43 (b) Margaret lolle. 28. Signature VIII (m. D. or others 10/2).		
(Date received local registrar) (Hogistrar's signature) Address Address Date signed Address Date signed Date signed Address Date signed Da		

STATEMENT BY LICENSED EMBALMER

ertificate was embalmed by me, or by
Registered Apprentice No
0
Licensed Embalmer No. 2517
25-17
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w

the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.